

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		3			
5	(1)		1			
6	(1)		1			
7	(1)		1			
8	(1)		1			
9	(1)		1			
10	(1)		1			
11	(1)		1			
12	(1)		1			
13	(1)		1			
14	(1)		1			
15	(1)		1			
16	(1)		1			
17	1					
18	1					
19	1					
20	1					
21	4					
22	4					
23	4					
24	(1)					
25	(1)					
26	(1)					
27	1					
28	1					
29	2					
30	2					
31	(1)					
32	(1)					
33	(1)					
34	(1)					
35	(1)					
36	1					
37	1					
38	(1)					
39	(1)					
40	(1)					
41	(1)					
42	(1)					
43	1		1			
44	1		1			
45	1		1			
46	2		2			
47	2		2			
48	(1)					
49	(1)					
50	(1)					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*
51	(1)					
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98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	61					
TOTAL CLAIMS	66					